

# Step Therapy Program Precision Formulary

## Physician Guidelines

Failure of previous steps in the Step Therapy Program:

- For most therapies, Magellan Rx Management will review the most recent 180 days of claim history available. Historical review timeframe may change based on therapy class or client request. (OR)
- Access the appropriate Magellan Rx Management Prior Authorization (PA) form online to begin the Step Therapy process: <https://magellanrx.com/provider/>.

*Note: Step Therapy Guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.*

## Step Therapy Categories

### ACNE: ADOXA

- |        |             |
|--------|-------------|
| Step 1 | Doxycycline |
| Step 2 | Adoxa       |

### ANDROGENS: NATESTO

- |        |          |
|--------|----------|
| Step 1 | Androgel |
| Step 2 | Natesto  |

### ANTI-DEPRESSANTS: FETZIMA

- |        |                     |
|--------|---------------------|
| Step 1 | Two preferred SNRSs |
| Step 2 | Fetzima             |

### ANTI-EMETICS: METOZOLV

- |        |                                 |
|--------|---------------------------------|
| Step 1 | metoclopramide (Reglan generic) |
| Step 2 | Metozolv ODT                    |

### ANTIFUNGALS: CRESEMBA

- |        |              |
|--------|--------------|
| Step 1 | voriconazole |
| Step 2 | Cresemba     |

### BPH: CARDURA XL

- |        |  |
|--------|--|
| Step 1 | (Flomax) Tamsulosin<br>---and---<br>Any ONE of the following:<br>a. Cardura<br>b. Hytrin |
| Step 2 | Cardura XL   |

### BPH: RAPAFLO

- |        |  |
|--------|--|
| Step 1 | (Flomax) Tamsulosin<br>---and---<br>Any ONE of the following:<br>a. Cardura<br>b. Hytrin |
| Step 2 | Rapaflo  |

### BRONCHODILATORS: AEROSPAN

- |        |                                 |
|--------|---------------------------------|
| Step 1 | Flovent AND Pulmicort Flexhaler |
| Step 2 | Aerospan                        |

### BRONCHODILATORS: EPINEPHRINE

- |        |                    |
|--------|--------------------|
| Step 1 | Any Epipen product |
| Step 2 | Epinephrine        |

### CARDIO: AMTURNIDE

- |        |  |
|--------|--|
| Step 1 | Any ONE of the following:<br>a. ACE inhibitor<br>b. ACE inhibitor combination<br>c. Angiotensin II Receptor Blocker<br>d. Angiotensin II Receptor Blocker combination<br>e. Losartan<br>f. Losartan/HCTZ |
| Step 2 | Tekturna OR Tekturna HCT   |
| Step 3 | Amturnide  |

### CARDIO: COREG CR

- |        |                     |
|--------|---------------------|
| Step 1 | Cavediolol OR Coreg |
| Step 2 | Coreg CR            |

### CARDIO: CORLANOR

- |        |                  |
|--------|------------------|
| Step 1 | Any Beta Blocker |
| Step 2 | Corlanor         |

### CARDIO: EXFORGE

- |        |  |
|--------|--|
| Step 1 | Any ONE of the following :<br>a. ACE Inhibitor<br>b. ACE Inhibitor/ HCTZ<br>c. ACE Inhibitor/ Calcium Channel Blocker<br>d. ARB (Angiotensin Receptor Blocker)<br>e. ARB/ HCTZ<br>f. amlodipine/ valsartan |
| Step 2 | Exforge  |

### CARDIO: EXFORGE HCT

- |        |   |
|--------|---|
| Step 1 | Any ONE of the following:<br>a. ACE Inhibitor<br>b. ACE Inhibitor/ HCTZ<br>c. ACE Inhibitor/ Calcium Channel Blocker<br>d. ARB (Angiotensin Receptor Blocker)<br>e. ARB/ HCTZ<br>f. amlodipine/ valsartan HCT |
| Step 2 | Exforge HCT   |

## CARDIO: PRESTALIA

Step 1 amlodipine OR perindopril AND tribenzor OR Azor

Step 2 Prestalia

## CARDIO: TEKTURNA

Step 1 Any ONE of the following:  
a. ACE Inhibitor  
b. ACE Inhibitor/ HCTZ  
c. ACE Inhibitor/ Calcium Channel Blocker  
d. ARB (Angiotensin Receptor Blocker)  
e. ARB/ HCTZ  
f. ARB/CCB  
g. ARB/CCB/HCTZ

Step 2 Tekturna

## CARDIO: TEKTURNA HCT

Step 1 Any ONE of the following:  
a. ACE Inhibitor  
b. ACE Inhibitor/ HCTZ  
c. ACE Inhibitor/ Calcium Channel Blocker  
d. ARB (Angiotensin Receptor Blocker)  
e. ARB/ HCTZ  
f. ARB/CCB  
g. ARB/CCB/HCTZ

Step 2 Tekturna HCT

## CARDIO: TWYNSTA

Step 1 Any ONE of the following:  
a. Azor  
b. Exforge/ Exforge HCT

Step 2 Twynsta

## CARDIO-ACE/ARB COMBO: EDARBI

Step 1 Any ONE of the following:  
a. ACE Inhibitor  
b. ACE Inhibitor/ HCTZ combination  
c. ACE Inhibitor/ Calcium Channel Blocker combination  
d. Losartan OR Losartan/HCTZ

Step 2 Edarbi

## CARDIO-ACE/ARB COMBO: EDARBYCLOR

Step 1 Any ONE of the following:  
a. ACE Inhibitor  
b. ACE Inhibitor/ HCTZ combination  
c. ACE Inhibitor/ Calcium Channel Blocker  
d. Losartan OR Losartan/HCTZ

Step 2 TWO of the following:  
a. Benicar/ Benicar HCT  
b. Diovan/ Diovan HCT  
c. Micardis OR Micardis HCT

Step 3 Edarbyclor

## CHOLESTEROL: MICARDIS HCT

Step 1 Any ONE of the following:  
a. ACE Inhibitor  
b. ACE Inhibitor/ HCTZ combination  
c. ACE Inhibitor/ Calcium Channel Blocker combination  
d. Losartan OR Losartan/HCTZ

Step 2 Micardis HCT

## CHOLESTEROL: SIMCOR

Step 1 Any ONE of the following:  
a. Any Formulary Statin  
b. Advicor  
c. Vytorin

Step 2 Simcor

## CHOLESTEROL: ZETIA

Step 1 Any statin

Step 2 Zetia

## CNS ALZHEIMER'S: NAMENDA XR

Step 1 Namenda

Step 2 Namenda XR

## CNS STIMULANTS: ADDERALL XR

*For patients 6 years and older.*

Step 1 Any TWO formulary CNS stimulants

Step 2 Brand OR Generic Adderall XR

## CNS STIMULANTS: ADZENYS XR-ODT

*For patients 6 years and older.*

Step 1 Any TWO generic CNS stimulants

Step 2 Adzenys XR-ODT

## CNS STIMULANTS: CONCERTA

*For patients 6 years and older.*

Step 1 Any ONE formulary CNS stimulant options

Step 2 Concerta

## CNS STIMULANTS: DAYTRANA

*For patients 6 years and older.*

Step 1 Any ONE formulary CNS stimulant options

## CNS STIMULANTS: DESOXYN

*For patients 6 years and older.*

Step 1 Any TWO formulary CNS stimulant options

Step 2 Desoxyn

## CNS STIMULANTS: DYANAVAL XR

*For patients 6 years and older.*

Step 1 Any TWO generic CNS stimulants

Step 2 Dyanaval XR

## CNS STIMULANTS: EVEKEO

Step 1 dextroamphetamine

Step 2 amphetamine salts

Step 3 Evekeo

## CNS STIMULANTS: FOCALIN XR

*For patients 6 years and older*

Step 1 Any ONE formulary CNS stimulant options

Step 2 Focalin XR

## CNS STIMULANTS: KAPVAY

*For patients 6 years and older*

Step 1 Any TWO formulary CNS stimulant options

Step 2 Kapvay

## CNS STIMULANTS: METADATE CD

*For patients 6 years and older*

Step 1 Any ONE formulary CNS stimulant options

Step 2 Metadate CD

## CNS STIMULANTS: PROCENTRA

*For patients 6 years and older*

Step 1 Any TWO formulary CNS stimulant options

Step 2 Procentra

## CNS STIMULANTS: QUILLICHEW ER

*For patients 6 years and older*

Step 1 Any TWO generic CNS stimulants

Step 2 Quillichew ER

## CNS STIMULANTS: QUILLIVANT

Step 1 Any TWO formulary CNS stimulant options

Step 2 Quillivant

## CNS STIMULANTS: RITALIN LA

*For patients 6 years and older*

Step 1 Any TWO formulary CNS stimulant options

Step 2 Ritalin LA

### DEPRESSION: SAVELLA

Step 1	Any ONE of the following: a. amitriptyline b. cyclobenzaprine c. Cymbalta
Step 2	Savella

### DERM: ELIDEL

*In patients > 2 years of age with:*

Step 1	Any medium to very high potency Corticosteroid (topical)
Step 2	tacrolimus
Step 3	Elidel

### DERM: FINACEA PLUS (KIT)

Step 1	Finacea Gel (non-kit)
Step 2	Finacea Plus Kit

### DERM: PICATO

Step 1	Topical fluorouracil OR imiquimod
Step 2	Picato

### DERM: PROTOPIC

*In patients > 2 years of age with:*

Step 1	Any medium to very high potency Corticosteroid (topical)
Step 2	tacrolimus
Step 3	Protopic

### DERM: TOLAK

Step 1	Trial and failure two preferred formulary alternatives including of generic lower strength fluorouracil (0.5%, 2%), Carac, OR Fluoroplex
Step 2	Tolak (fluorouracil 4%)

### DIABETES: INVOKANA

Step 1	Metformin AND one of the following: sulfonylurea, pioglitazone, DPP4, GLP, or insulin
Step 2	Invokana

### DIABETES: JANUMET XR

Step 1	Any ONE of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Janumet
Step 3	Janumet XR

### DIABETES: JARDIANCE

Step 1	Any ONE of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Invokana
Step 3	Jardiance

### DIABETES: JENTADUETO

Step 1	Any one of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Jentaduetto

### DIABETES: KOMBIGLYZE

Step 1	Any one of the following: a. Metformin b. Sulfonylurea c. Thiazolidinedione d. Insulin
Step 2	Jentaduetto
Step 3	Kombiglyze

### DIABETES: PRECOSE

Step 1	Metformin
Step 2	Precose/Acarbose

### DIABETES: STARLIX

Step 1	Metformin
Step 2	Starlix OR Nateglinide

### DIABETES: TOUJEO

Step 1	Lantus --and-- Levemir
Step 2	Toujeo

### DIABETES: TRESIBA

Step 1	Lantus
Step 2	Tresiba

### DIABETES (METERS and TEST STRIPS): BAYER

Step 1	One Touch
Step 2	Bayer

### DIABETES (METERS and TEST STRIPS): FREESTYLE

Step 1	One Touch
Step 2	Freestyle

### DIABETES (METERS and TEST STRIPS): GLUCOCARD

Step 1	One Touch
Step 2	Glucocard

### DIABETES (METERS and TEST STRIPS): PRECISION

Step 1	One Touch
Step 2	Precision

### DIABETES (METERS and TEST STRIPS): PRODIGY

Step 1	One Touch
Step 2	Prodigy

### DIABETES (METERS and TEST STRIPS): TRUERESULT

Step 1	One Touch
Step 2	Trueresult

### DIABETES (METERS and TEST STRIPS): TRUETRACK

Step 1	One Touch
Step 2	TrueTRACK

### EPILEPSY: GRALISE

Step 1	Gabapentin
Step 2	Gralise

### GI (IBS): AMITIZA

*For patients ≥ than 18 years old*

Step 1	Polyethylene glycol OR lactulose
Step 2	Amitiza

### GI (IBS): LINZESS

*For patients ≥ than 18 years old*

Step 1	Polyethylene glycol OR lactulose
Step 2	Linzess

### GOUT: MITIGARE

Step 1	Colcrys
Step 2	Mitigare

### GOUT: ULORIC

Step 1	allopurinol
Step 2	Uloric

### MIGRAINE: ONZETRA XSAIL

Step 1	Trial and failure of two preferred serotonin 5HT1 Agonists
Step 2	Treximet

### MIGRAINE: TREXIMET

Step 1	Sumatriptan
Step 2	Treximet

### MIGRAINE: ZEMBRACE SYMTOUCH

Step 1	Trial and failure of two preferred serotonin 5HT1 Agonists
Step 2	Zembrace

### OPHTHALMIC: LASTACAFT

Step 1 Patanol OR Pataday OR Optivar

Step 2 Lastacaft

### OSTEOPOROSIS: ATELVIA

Step 1 alendronate OR alendronate soln

Step 2 Atelvia

### PAIN: OPANA ER

Step 1 Oxymorphone ER OR Oxycodone ER  
OR Morphine ER sulfate OR  
Hydromorphone ER

Step 2 Opana ER

### PAIN: OXYCONTIN

Step 1 Any ONE of the following:  
a. Morphine Sulfate SR  
b. MS Contin  
c. Oramorph SR

Step 2 Oxycotin

### PAIN: NUCYNTA

Step 1 Generic Ultram (tramadol) OR  
generic Ultracet (tramadol/acetaminophen)  
--and--

Step 2 oxycodone immediate-release (e.g.,  
OxyIR) OR morphine immediate-release  
(e.g., MSIR)  
or Dilaudid (hydromorphone  
immediate-release)

Step 3 Nucynta

### PARKINSON'S DISEASE/RESTLESS LEG SYNDROME: MIRAPEX ER

Step 1 ropinorole OR pramipexole

Step 2 Mirapex ER

### PARKINSON'S DISEASE/ RESTLESS LEG SYNDROME: REQUIP XL (ROPINIROLE XL)

Step 1 ropinorole OR pramipexole

Step 2 Requip XL (Ropinirole XL)

### PPI: ACIPHEX

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC Omeprazole,  
OTC Prilosec, OTC Prevacid, OTC Zegerid

Step 2 Aciphex

### PPI: DEXILANT

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC Omeprazole,  
OTC Prilosec, OTC Prevacid,  
OTC Zegerid

Step 2 Dexilant

### PPI: NEXIUM

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC Omeprazole,  
OTC Prilosec, OTC Prevacid,  
OTC Zegerid

Step 2 Nexium

### PPI: PREVACID

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC Omeprazole,  
OTC Prilosec, OTC Prevacid,  
OTC Zegerid

Step 2 Prevacid

### PPI: PREVACID STB

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC Omeprazole,  
OTC Prilosec, OTC Prevacid,  
OTC Zegerid

Step 2 Prevacid STB

### PPI: PRILOSEC

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC Omeprazole,  
OTC Prilosec, OTC Prevacid,  
OTC Zegerid

Step 2 Prilosec

### PPI: PROTONIX

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC Omeprazole,  
OTC Prilosec, OTC Prevacid,  
OTC Zegerid

Step 2 Protonix

### PPI: ZEGERID (OMEPRAZOLE - BICARBONATE)

Step 1 Pantoprazole OR Lansoprazole (rx)  
--and--  
Omeprazole (rx), OR OTC  
Omeprazole, OTC Prilosec,  
OTC Prevacid, OTC Zegerid

Step 2 Zegerid (Omeprazole - Bicarbonate)

### PSYCH: ARICEPT 23MG

Step 1 At least 10 mg of Aricept/Aricept  
ODT (generic)  
*Note: At least 10 mg of Aricept/  
Aricept ODT (brand) will also meet  
ST1 requirement*

Step 2 Aricept 23 mg

### PSYCH: FANAPT

Step 1 TWO of the following:  
a. olanzapine  
b. quetiapine  
c. risperidone/risperidone ODT  
d. Seroquel XR  
e. Abilify

Step 2 Fanapt

### PSYCH: FETZIMA

Step 1 Two preferred SNRI

Step 2 Fetzima

### PSYCH: GEODON (ZIPRASIDONE)

Step 1 TWO of the following:  
a. olanzapine  
b. quetiapine  
c. risperidone/risperidone ODT  
d. Seroquel XR  
e. Abilify

Step 2 Geodon (Ziprasidone)

### PSYCH: INVEGA

Step 1 TWO of the following:  
a. olanzapine  
b. quetiapine  
c. risperidone/risperidone ODT  
d. Seroquel XsR  
e. Abilify

Step 2 Invega

### PSYCH: INVEGA SUST

Step 1 TWO of the following:  
a. Olanzapine  
b. Quetiapine  
c. risperidone/risperidone ODT  
d. Seroquel XR  
e. Abilify

Step 2 Invega Sust

### PSYCH: SAPHRIS

Step 1 TWO of the following:  
a. olanzapine  
b. quetiapine  
c. risperidone/risperidone ODT  
d. Seroquel XR  
e. Abilify

Step 2 Saphris

### PSYCH: TRINTELLIX

Step 1 Two preferred SSRI, SNRI,  
bupropion, mirtazapine

Step 2 Trintellix

### RESPIRATORY: ARCAPTA

Step 1 Any ONE of the following:  
a. Inhaled corticosteroid  
b. Anticholinergic  
c. Theophylline

Step 2 Foradil AND Serevent

Step 3 Arcapta

### RESPIRATORY: FORADIL

Step 1 For management of asthma or  
COPD with ONE of the following:  
a. Inhaled corticosteroid  
b. Anticholinergic  
c. Theophylline

Step 2 Foradil

### RESPIRATORY: STIOLTO RESPIMAT

- |        |                  |
|--------|------------------|
| Step 1 | Spiriva          |
| Step 2 | Stiolto Respimat |

### RESPIRATORY: STRIVERDI RESPIMAT

- |        |                    |
|--------|--------------------|
| Step 1 | Serevent           |
| Step 2 | Foradil            |
| Step 3 | Striverdi Respimat |

### SLEEP: BELSOMRA

- |        |                                     |
|--------|-------------------------------------|
| Step 1 | zolpidem OR zaleplon OR eszopiclone |
| Step 2 | Belsomra                            |

### SLEEP: EDLUAR SUB

- |        |                    |
|--------|--------------------|
| Step 1 | Zolpidem OR Ambien |
| Step 2 | Edluar             |

### SLEEP: AMBIEN

- |        |  |
|--------|--|
| Step 1 | eszopiclone<br>---and---<br>(generic) zolpidem OR zaleplon |
| Step 2 | Ambien   |

### SLEEP: AMBIEN CR

- |        |  |
|--------|--|
| Step 1 | eszopiclone<br>---and---<br>(generic) zolpidem OR zaleplon |
| Step 2 | Ambien CR  |

### SLEEP: INTERMEZZO SUB

- |        |                    |
|--------|--------------------|
| Step 1 | Zolpidem OR Ambien |
| Step 2 | Edluar             |

### SLEEP: LUNESTA

- |        |                                |
|--------|--------------------------------|
| Step 1 | (generic) zolpidem OR zaleplon |
| Step 2 | Lunesta                        |

### SLEEP: ROZEREM

- |        |  |
|--------|--|
| Step 1 | eszopiclone<br>---and---<br>(generic) zolpidem OR zaleplon |
| Step 2 | Rozerem  |

### SLEEP: SONATA

- |        |  |
|--------|--|
| Step 1 | eszopiclone<br>---and---<br>(generic) zolpidem OR zaleplon |
| Step 2 | Sonata   |

### UROLOGICS: MYRBETRIQ

- |        |   |
|--------|---|
| Step 1 | Any TWO of the following:<br>oxybutynin IR/ER, tolterodine IR/ER,<br>Gelnique, Vesicare |
| Step 2 | Myrbetriq   |